## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number
10650435

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                    |                                  |                                           |              |                               |                              |                  |   | SMALL ENTITY.       |                        |    | OTHER THAN OR SMALL ENTITY |                        |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|--------------|-------------------------------|------------------------------|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|---|
| TOTAL CLAIMS                                                                                                                                                                                      |                                  |                                           | 26           |                               |                              |                  | ſ | RATE                | FEE                    |    | RATE                       | FEE                    |   |
| FOR                                                                                                                                                                                               |                                  |                                           | NUMBER FILED |                               | NUMBER EXTRA                 |                  |   | BASIC FEE           | 375.00                 | OR | BASIC FEE                  | 750.00                 |   |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                           |                                  |                                           | Cominus 20=  |                               | . 8                          |                  |   | X\$ 9=              | 72                     | OR | X\$18=                     |                        |   |
| INDEPENDENT CLAIMS                                                                                                                                                                                |                                  |                                           | 5 minus 3 =  |                               | • 2_                         |                  |   | X42=                | 84                     | OR | X84=                       |                        |   |
| MU                                                                                                                                                                                                | ILTIPLE DEPËN                    | DENT CLAIM P                              | RESENT       |                               |                              |                  |   | +140=               | 6,                     |    | +280=                      |                        |   |
| * 15                                                                                                                                                                                              | the difference                   | in column 1 is                            | less than ze | ro, enter                     | "0" in column 2              |                  | l | TOTAL               | 63/00                  | OR | TOTAL                      |                        |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2  3000CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                       |                                  |                                           |              |                               |                              |                  |   | SMALL               | <i>53/00</i><br>Entity | OR | OTHER<br>SMALL             |                        |   |
| AMENDMENTA                                                                                                                                                                                        |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY         | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FÆE |   |
|                                                                                                                                                                                                   | Total                            | . 28                                      | Minus        | ** S                          | ){{                          | = /              |   | X\$ 9=              |                        | OR | X\$18=                     |                        |   |
|                                                                                                                                                                                                   | Independent                      | • 5                                       | Minus        | *** <                         | 5                            | = /              |   | X42=                |                        | OR | X84=/                      |                        |   |
| _                                                                                                                                                                                                 | FIRST PRESE                      | NTATION OF M                              | ULTIPLE DEP  | ENDEN                         | CLAIM                        |                  |   | +140=               | /                      | OR | +280=                      |                        |   |
|                                                                                                                                                                                                   |                                  | _                                         |              |                               |                              |                  |   | TOTAL<br>ADDIT, FEE | + -                    | OR | /TOTAL                     |                        |   |
|                                                                                                                                                                                                   | (Column 1) (Column 2) (Column 3) |                                           |              |                               |                              |                  |   |                     | t                      | 1  | ADOIT. FEE                 | ·                      |   |
| AMENDMENT B                                                                                                                                                                                       |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI          |                              | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |   |
|                                                                                                                                                                                                   | Total                            | . 18                                      | Minus        | ** 0                          | 28                           | = /              |   | X\$ 9=              |                        | OR | X\$18=                     |                        |   |
|                                                                                                                                                                                                   | independent                      | . 2                                       | Minus        | *** (                         | 3_                           | =/               | ] | X42=                |                        | OR | X84=                       |                        |   |
| ٦                                                                                                                                                                                                 | FIRST PRESE                      | NTATION OF M                              | ULTIPLE DEP  | ENDEN                         | T CLAIM                      |                  | J | +140= /             | /                      | OR | +280=                      |                        |   |
|                                                                                                                                                                                                   |                                  |                                           |              |                               |                              |                  |   | TOTAL               |                        | OF | TOTAL                      |                        | ł |
|                                                                                                                                                                                                   |                                  | (Column 1)                                |              | (Colu                         | mn 2)                        | (Column 3)       |   | ADDIT. FEE          | <del></del>            | 10 | ADDIT. FEE                 |                        | 1 |
| AMENDMENTC                                                                                                                                                                                        |                                  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGI<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |   |
|                                                                                                                                                                                                   | Total                            | •                                         | Minus        | **                            |                              | =                |   | X\$ 9=              |                        | OR | X\$18=                     |                        |   |
|                                                                                                                                                                                                   | Indep ndent                      | •                                         | Minus        | ***                           |                              | =                |   | X42=                | <b> </b>               | OR | X84=                       |                        | 1 |
|                                                                                                                                                                                                   | FIRST PRESE                      | NTATION OF M                              | IULTIPLE DE  | PENDEN                        | T CLAIN                      |                  |   |                     | <b></b>                | 1  |                            | +                      | 1 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                             |                                  |                                           |              |                               |                              |                  |   |                     |                        | OR | +280=                      |                        | 1 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEEOR |                                  |                                           |              |                               |                              |                  |   |                     |                        |    |                            |                        | 1 |